

 <p>United States <b>Environmental Protection Agency</b> Washington, DC 20460</p>		<b>Registration</b>	OPP Identifier Number
		<b>Amendment</b>	
	<input checked="" type="checkbox"/>	<b>Other</b>	

**Application for Pesticide - Section I**

1. Company/Product Number 82633-AE	2. EPA Product Manager Gene Benbow	3. Proposed Classification  <input checked="" type="checkbox"/> None      Restricted
4. Company/Product (Name) Sharda Cropchem Ltd. / Sharda Spiromesifen Technical	PM# 7	
5. Name and Address of Applicant (Include Zip Code)  Sharda Cropchem Ltd. c/o Wagner Regulatory Associates, Inc. P.O. Box 640 Hockessin, DE 19707 <input type="checkbox"/> Check if this is a new address		6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3) (b)(I), my product is similar or identical in composition and labeling to: EPA Reg. No.  Product Name:


**Section - II**

<input type="checkbox"/> Amendment - Explain below.  <input type="checkbox"/> Resubmission in response to Agency letter dated _____  <input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input checked="" type="checkbox"/> Other - Explain below.
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**Explanation:** Use additional page(s) if necessary. (For Section I and Section II.)**Response to 75-day deficiency letter, dated March 1, 2022.****Section - III**

<b>1. Material This Product Will Be Packaged In:</b>			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes"      No. per Unit Packaging wgt.      container	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes"      No. per Package wgt      container	<b>2. Type of Container</b> <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) HDPE lined bags
* <b>Certification must be submitted</b>			
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container Mini-bulk & bulk	5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Lithograph  <input checked="" type="checkbox"/> Paper glued  <input type="checkbox"/> Stenciled         </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Other ___ adhesive backed label _____         </div> </div>			

**Section - IV**

<b>1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)</b>			
Name S. K. Theodorakis	Title Agent for Sharda Cropchem Ltd.	Telephone No. (Include Area Code) (O) 302-635-7289 or (O) 302-510-0039	
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received  <div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>(Stamped)</b> </div>
2. Signature 	3. Title Agent for Sharda Cropchem Ltd.		
4. Typed Name S. K. Theodorakis	5. Date May 2, 2022		